

Conclusions: There is strong evidence to support the early initiation and continuation of high-dose antiplatelets following CABG however these guidelines are not strictly adhered to. We have demonstrated with closed audit and re-education an improvement in a simple yet prognostically significant process of care, and consequently an enhancement in clinical practice.

1092: LASER THERAPY FOR TRACHEOBRONCHIAL TUMOURS, DOES IT HELP?

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Aim: Neodymium:yttrium aluminium garnet (Nd:YAG) laser therapy has been used for many years as part of palliative treatment of advanced tumours involving the tracheobronchial tree. We aim to review our practice and assess the safety of the procedure and its effectiveness.

Method: Patients who underwent laser therapy for airway tumours between January 2008 and December 2011 were retrospectively reviewed. Collected data was analyzed using SPSS 20.

Results: 38 patients; 15 females and 23 males, with mean age 64; range 35–84 years, underwent laser treatment. 76.3% were primary lung tumours and 23.7% were metastatic. 10 were tracheal only, 6 tracheobronchial, 15 right bronchus and 7 left bronchus. 42.1% had external compression in addition to the endoluminal component. 65.8% of patients had significant improvement of their symptoms or radiological resolution of collapse, 13.2% had partial improvement while 21% had no improvement. None had complications related to laser. Overall 1 and 2-year-survival was 20.1% and 10.7% respectively. There was no statistically significant survival difference between metastatic and primary lung tumours (p-value 0.423), or between endoluminal tumours and those with external compression (p-value 0.449).

Conclusions: Laser is a safe and good option in palliation of blocked airways. Most patients get symptomatic and radiological improvement.

1131: DOES SURGERY HAVE A ROLE IN LIMITED SMALL CELL LUNG CANCER?

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Aims: We looked at patients who underwent lung resections with a post-operative histological diagnosis of small cell lung cancer. Our aim was to identify which group in this category had a survival benefit from surgery.

Methods: A retrospective review was performed between January 1996 and August 2011. All patients with histopathological diagnosis of small cell cancer were identified and followed up. Survival data was analysed using Kaplan Meier and Cox regression.

Results: 32 patients were identified. 19 males (59%). Mean age 65.9 (SD 8.6). 11 patients (32%) had a diagnosis of small cell on frozen section. 18 (60%) were stage I, 8 (26.7%) stage II, 4 (13.3%) stage III. Nodal status was N0 (22), N1(6), N2(2). Overall 1, 2 and 5-year-survival was 74.3%, 50.1% and 41.8%. Patients with T1 disease had better 2 and 5-year-survival (76.2% each) compared with T2–4 disease (36.8%, 18.4%), p-value 0.014. However, there was no 2 and 5-year -survival benefit for nodal status in N0 (55.4%) versus N1 and N2 (37.5%, 18.8%) disease (p-value 0.146).

Conclusions: There is a survival benefit for patients undergoing lung resection for T1 small cell lung cancer. Further studies are needed to evaluate positive prognostic factors in patients with limited disease.

1168: SURGICAL MANAGEMENT OF RHEUMATIC MITRAL VALVES

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Aims: Evaluate which prognostic factors affected long term outcomes in mitral valve repair and replacement.

Methods: Retrospective review of our database. 470 patients underwent surgery between 1994 and 2010. Morbidity and mortality were evaluated using Kaplan-Meier analysis and Cox regression.

Results: Mean age was 65 years, 80% were females. Preoperatively, 76.8% were treated for congestive heart failure (CHF) and 53.2% had recent deterioration of symptoms. 42.1% had moderate to poor LV function. 12.1% had

mitral stenosis, 21.9% had regurgitation and 66% had mixed disease. 43.6% were repaired and 56.4% replaced. 16.8% were urgent cases. 30d mortality was 8.1%. Factors that significantly affected 5-year survival included recent deterioration (p-value < 0.001), presence CHF (p-value 0.017), CRF or Creatinine >200 µmol/l (p-value <0.001), preoperative dysrhythmia (p-value 0.038), poor LV (p-value <0.001), urgent status (p-value <0.001), postoperative renal impairment or need for dialysis (p-value <0.001). Valve repair or replacement did not affect long term survival, p-value 0.155. Overall 5-year and 10-year survival for all patients was 82.7%, and 78.5% respectively.

Conclusions: Both mitral valve repair and replacement carry similar long term outcomes regarding survival. However CHF, dysrhythmia, and renal failure carry worse prognosis and should be actively managed preoperatively especially in elective cases.

CASE REPORTS

0135 WINNER OF IJS CASE REPORTS PRIZE (2ND PLACE): SUB-TOTAL SCALP RECONSTRUCTION AND CRANIOPLASTY FOR LARGE COMPLEX CALVARIAL DEFECTS; A CASE REPORT

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Background: Reconstructive surgery of the scalp and cranium aims to establish both normal function and aesthetic outcome after disfigurement. Following excision of a basal cell carcinoma with bony involvement, an acrylic cranioplasty is often used to restore the bony defect. This is subsequently covered with an appropriate flap.

Method: We present the case of an 82-year old woman who underwent resection of a large basal cell carcinoma involving the parietal region of the scalp and underlying bone. This was reconstructed using a novel method of acrylic cranioplasty and coverage of the defect using a single anterior-based transposition flap.

Results: The use of local flaps generally leaves a 'dog-ear' at the base of the pedicle. In this case, the dog-ear is planned for removal at two months post-surgery to achieve a satisfactory aesthetic outcome. There were no other complications at six weeks.

Conclusions: We have presented a modification to a well-known cranioplasty technique and the planning and demonstration of a sub-total scalp reconstruction. Whilst recent reports have emphasised the use of free tissue transfer for large scalp defects, this example demonstrates the effectiveness of local flap techniques. This reduces surgical time and donor-site morbidity in the elderly or otherwise infirm patient.

0181: ATROPINE SULPHATE: RESCUE THERAPY FOR FAILED PYLOROMYOTOMY

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Infantile hypertrophic pyloric stenosis (IHPS) is a common condition which presents with non-bilious vomiting and failure to thrive secondary to gastric outlet obstruction. In the UK, management is by fluid resuscitation followed by pyloromyotomy. Incomplete myotomy complicates 0.3% of cases necessitating further surgery and exposing the patient to further risk. Medical management of IHPS with antimuscarinics to promote pyloric relaxation is a well described treatment modality that is used as first line therapy in some countries. The use of this technique is limited by the need for extended hospital admission with parenteral nutrition administration. We describe a case of IHPS complicated by incomplete pyloromyotomy and subsequently managed successfully by atropine sulphate therapy. To our knowledge, there are no published data reporting this novel application antimuscarinic therapy.

We have found atropine to be an effective rescue therapy in this circumstance, leading to rapid resolution of symptoms without the risks of early surgical re-exploration.

0247: COMPLEX AUTOLOGOUS RECONSTRUCTION OF ADULT AURICULAR DEFECT WITH PRELAMINATED FREE RADIAL FOREARM FLAP: AN EXAMPLE OF A TISSUE ENGINEERED FLAP

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A 45 year old man suffered a subtotal amputation of the left ear and alkali burns to his face following a traumatic accident in a factory. Conventional